S. No. 2
—1-4-41
5-17-39
PI X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

Registration District No. 379

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30758

Registrar's No. 3515

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days (Specify whether years, months or days)

In this community 3 Weeks

2. USUAL RESIDENCE OF DEACESED:

(a) State Kansas (b) County Barton 999

(c) City or town Hoisington 14 (If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 2 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME Mr. George Lester Yeakley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Sadie I. Yeakley

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 26 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
62	5	25	hr. min.

9. Birthplace Winchester County / Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ------

FATHER 12. Name George A. Yeakley

FATHER 13. Birthplace Winchester / Virginia (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Olivia C. Freese

MOTHER 15. Birthplace Winchester / Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Merlyn Jane Parsons

(b) Address 5301 Mohawk Lane, K.C. Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 20, 194 (Month) (Day) (Year)

(c) Place: burial or cremation Great Bend, Kansas

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/21/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th year 1941 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from 8-23, 1941, to 9-20, 1941, that I last saw h alive on 9-19, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis R. femoral vessels	3 mo
Due to Buerger's disease	3 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9-9-41 Buerger's disease
Of autopsy Buerger's disease

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lawrence S. Engel (M. D. or other) M.D.

Address Kansas City, Mo. Date signed 9-20-41

(Licensed Embalmer's Statement on Reverse Side)

200 Plaza Medical Bldg
2-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.